PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

106801017

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EI	YTITY	OR	OTHER THAN R SMALL ENTITY	
TC	OTAL CLAIMS		(RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	ABLE CLAIMS	<i>⊙</i> minus 20=		* 0	* O		X\$ 9=		OR	X\$18=	
IND	DEPENDENT CL	LAIMS	\ mi	nus 3 =	د *)		X43=		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM PE	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ro, enter	′ "0" in c	olumn 2	ا	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II										_	OTHER	
		(Column 1)		(Colum		(Column 3)		SMALL		OR	SMALL	· · · · · · · · · · · · · · · · · · ·
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CI AINA	=		X43=		OR	X86=	
Ш	FIRST PRESE	ENTATION OF MU	JETIPLE DEF	ENDEN	CLAIIVI		J	+145=		OR	+290=	
							ı	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		,	ADDII. I CC			40011.122.						
AMENDMENT B	·	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGH NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)	_	10011.1 CE =			70011.7 ===					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		<u></u>		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145_			+290=	
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR	+290= TOTAL	
**	If the "Highest Nur	mber Previously Pa mber Previously Pa	aid For IN THIS	S SPACE is	s less than	n 20, enter "20.	. ,	DDIT. FEE		OR ,	ADDIT. FEE	
		nber Previously Paid					er fou	nd in the app	ropriate box	c in col	umn 1.	